12312

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Levin James Atkinson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife: Lillie Belle Atkinson

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): September 9, 1849

8. AGE: Years 90 | Months 3 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace: Princess Anne, Md.
(Town, county, and state)

10. Usual occupation: farmer

11. Industry or business

FATHER
12. Name: Samuel Atkinson
13. Birthplace: Princess Anne, Md.

MOTHER
14. Maiden name: Adaline Miller
15. Birthplace: Princess Anne, Md.

16. Informant: Mary Morris
Address: Princess Anne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30 1939 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: West Post Office

18. Funeral director: Dale Dushiell
Address: Princess Anne, Md.

19. 12/29 1939 (Date rec'd by registrar) T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 28th 1939, at 60 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Arteriosclerosis, Myocarditis; Chronic.

Due to: Duration: Unknown - C.W.G.R.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

DURATION: Dec. Kent

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: T. J. Smith M. D. or other

Address: Princess Anne, Md. Date signed 12/29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12313

Reg. Dist. No. 461

1. PLACE OF DEATH:

County Somerset

City or town Westover md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5-9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Benson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Sarah Benson

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct 21-1880

8. AGE: Years	Months	Days	If less than one day
59	1	27	hrs. min.

9. Birthplace Westones Somerset Co Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farming

FATHER 12. Name George T. Benson

13. Birthplace Somerset Co Md

MOTHER 14. Maiden name On known

15. Birthplace Westover Md.

16. Informant Clarance Benson

Address Monokin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 21 1939 (month) (day) (year)

Cemetery or crematory Bethzone westones md

Location westones md

18. Funeral director Chas H Ward

Address Marion Md

19. 12/20 1939 (Date rec'd by registrar) Amelia B. Dawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1939 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1939, and that I last saw h alive on 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to Cerebral arterio Sclerosis	
Other conditions Senile arterio Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy C Cullum M. D. or other

Address Marion Md Date signed Dec 18, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12314

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (210-m) CB

County Somerset — Registration Dist. No. 262

Village or City Near Costen Station — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles M. Brinkley — If U. S. Veteran, specify WAR ...

(a) Residence: No. (2 [illegible] 4 7 St.) Norfolk Va — St., — Ward. ✓

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

5a. If married, widowad, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and yaar) Sept. 26, 1902

7. AGE	Yaars	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	2	27	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Machinist

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. —

10. Date dacaased last workad at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Petersburg, Va. (State or country)

FATHER

13. NAME Willie J. Brinkley

14. BIRTHPLACE (city or town) Sunbury, N.C. (State or country)

MOTHER

15. MAIDEN NAME Virginia —

16. BIRTHPLACE (city or town) King William Co., Va. (State or country)

17. INFORMANT Police officer Parker (Address) Salisbury, Md.

18. ~~BURIAL, CREMATION~~ OR REMOVAL — Place Norfolk, Va. Date 12/26, 1939

19. UNDERTAKER James V. Perry (Address) 1920 Caley ave Norfolk, Va.

20. FILED Dec 27, 1939 Mrs. Blayton Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 23 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ ..., 19..., to ..., 19...

I ~~last saw h~~... alive on ..., 19..., ~~death is said~~ to hava occurred on the date stated above, at 2.00 A. m.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importance were as follows:

	Date of onset
Fractured skull	
Death instantaneous	

Othar Contributary Causes of Importance:

Name of operation ... Data of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If daath was due to axternal causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? accident Date of Injury 12/23, 19 39

Where did injury occur? Near Costen Station (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public Highway

Manner of injury Automobile accident

Nature of injury —

24. Was disease or injury in any way related to occupation of dacaased? No

If so, specify —

(Signad) [illegible] M. D.

(Address) Princess Anne Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 2 1940 U. S. BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10)

CERTIFICATE OF DEATH

12315

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mamie Anna Brittingham

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Ernest A. Brittingham

6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) July 29 1889

8. AGE: Years 50 | Months 4 | Days 8 | If less than one day ___ hrs. ___ min.

9. Birthplace Princess Anne, Md. Somerset
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name W. J. Stevenson
13. Birthplace Somerset Co.

MOTHER
14. Maiden name Mary Anna Theahearn
15. Birthplace Somerset Co.

16. Informant Marcia Calloway
Address Princess Anne, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 10, 1939
(month) (day) (year)

Cemetery or crematory Immanuel Cemetery

Location East Princess Anne, Md.

18. Funeral director Dale Dashiell
Address Princess Anne, Md.

19. 12/8 1939 [signature]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7th 1939, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 5th 1939, to Dec. 7th 1939, and that I last saw h ev alive on Dec. 7th 1939.

Immediate cause of death: Laryngeal Diphtheria — DURATION: 10 days

Due to Diphtheria Bacillus

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Princess Anne Date signed 12/8/39

RECEIV
JAN 8 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

12316

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:
County Somerset
City or town near Crisfield Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: McCready Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 7 days
Stay in this community (yrs., or mos., or days) 83 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town Marion Sta Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME John E. Cleary.

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower

B (b) Name of husband or wife: Lettie A. Cleary.
B (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 15th 1856

8. AGE: Years 83 | Months 2 | Days 21 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Thomas F. Cleary.
13. Birthplace: Md.
MOTHER 14. Maiden name: Mary J. Mason
15. Birthplace: Md.
16. Informant: Vaughn S. Cleary.
Address: Crisfield Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 8th/39 (month) (day) (year)
Cemetery or crematory: St. Pauls Cemetery
Location: near Marion Sta. Md.
18. Funeral director: J. S. Lawson & Son
Address: Crisfield, Md.
19. 12/7 1939 (Date rec'd by registrar) Aurelia P. Lawson Deputy Registrar
C. E. Collins, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6th 1939, at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 26 1939, to Dec 6 1939, and that I last saw h— alive on Dec 6 1939.

Immediate cause of death: Uremia. Acut Dec 7 Heart
Due to: Chronic Int nephritis chronic nephritis
Due to
Other conditions: Strangulation Hernia
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Herniating Nov 26-39
Of autopsy: none

DURATION: 8 days. Years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE George C. Coulbourn MD M. D. or other
Address Marion Md Date signed Dec 8, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

12317

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Margaret Fountaine

3. (b) Social Security Number —

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

8 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 20, 1879

8. AGE: Years 60 Months 8 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business —

FATHER 12. Name Ed Fountaine

13. Birthplace Md

MOTHER 14. Maiden name Leah Jones

15. Birthplace Maryland

16. Informant Mary Doane

Address Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/8-40 (month) (day) (year)

Cemetery or crematory

Location Westover Md

18. Funeral director Jas A. Broadhead

Address Crisfield Md

19. 1/8 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION 39

20. DATE OF DEATH Dec 6th 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__, to ___ 19__

and that I last saw h___ alive on ___ 19__

Immediate cause of death Acute Nephritis

Unable to give the primary cause of

Due to the acute nephritis ever

There was no autopsy. Diagnosis made

Due to from family's statement, which information was very unsatisfactory.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No autopsy.

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Henry M Lankford MD M. D. or other

Address Princess Anne Date signed 1/6/40

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12318 Peyton

(131)

CERTIFICATE OF DEATH

Reg. Dist. No. 210

OUTSIDE CORPORATE LIMITS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: McCready Hospital Crisfield Md
Stay in hospital or inst. (yrs., or mos., or days): 2 wks
Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: First St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Warren Coston Gunby

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife: Emma Adams Gunby (deseased)
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Oct 2 ~~26~~ 1864

8. AGE: Years	Months	Days	If less than one day
75	2	15	____ hrs. ____ min.

9. Birthplace: Marion, Somerset Co., Md (Town, county, and state)
10. Usual occupation: Retired merchant
11. Industry or business: Feed store

FATHER
12. Name: Elisha E Gunby
13. Birthplace: Marion Md

MOTHER
14. Maiden name: Annie V Coston
15. Birthplace: Coston Station Md

16. Informant: Mrs Ernest Gunby
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 19 -39 (month) (day) (year)
Cemetery or crematory: St Pauls cemetery
Location: Marion Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Dec 18 1939 (Date rec'd by registrar) L E Jenkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 17 1939, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 7 1939, to Dec. 17 1939, and that I last saw him alive on Dec. 17 1939.

Immediate cause of death	DURATION
Chronic Myocarditis	?
Due to Arteriosclerosis	?
Chronic Nephritis	?
Due to	
Other conditions Bronchial asthma	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: S. M. Peyton M. D
M. D. or other
Address: Crisfield, Md Date signed Dec 21, 39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (190)

CERTIFICATE OF DEATH

12319 Coll

Reg. Dist. No. 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Somerset

County

City or town: Daugherty Creek near Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 22 yrs 7 mo 9 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Wards Crossing

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Melvin Coulbourn Headley

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 5 1917

8. AGE: Years	Months	Days	If less than one day
22	7	9	____ hrs. ____ min.

9. Birthplace: Crisfield, Somerset, Maryland (Town, county, and state)

10. Usual occupation: Clerk

11. Industry or business: Grocery

FATHER 12. Name: Cortez Headley

FATHER 13. Birthplace: Virginia

MOTHER 14. Maiden name: Anna Swift

MOTHER 15. Birthplace: Crisfield Md

16. Informant: Cortez Headley

Address: Crisfield Md

17. (Burial, cremation, or removal. Which?): Burial Date thereof (month) (day) (year): Dec 17 1939

Cemetery or crematory: Crisfield Cemetery

Location: Crisfield Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. (Date rec'd by registrar): Dec 15 19 39 C. Ed Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 14 19 39, at AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 19

Immediate cause of death: Exposure & Exhaustion

DURATION

Due to: Slipping off Boat accident & got wet

Due to: Started to work across Marsh Became Exhausted laid down & became Cold from Exposure

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: Was dead when found by Searching party

Of autopsy: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date: Dec 14-39

Where did injury occur? Sandy Creek Somerset Md (City or town) (County) (State)

Injured at home, farm, industry, public place (Where?): Slipping off Boat

Means of injury: Fell Drowned Injured at work?

23. SIGNATURE: Melvin Coulbourn Headley

Address: Crisfield Md M. D. or other

Date signed: 12-15-39

Deputy Medical Examiner for Somerset Co

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12320

(94a)

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Effie Lillian Kemp.
3. (b) Social Security Number none

4. Sex Female
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife George W. Kemp.
6(c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) March 5, 1874
8. AGE: Years 65 Months 9 Days 16 If less than one day hrs. min.
9. Birthplace ~~Hoi~~ Friendsville Garriet Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business "
FATHER 12. Name George E. Bishoff
13. Birthplace Garriett Co. Md.
MOTHER 14. Maiden name Mary M. Sisler
15. Birthplace Cranesville Weston Va.
16. Informant Edgar Kemp.
Address Princess Anne Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 24, 1939 (month) (day) (year)
Cemetery or crematory Presbyterian
Location Princess Anne Md.
18. Funeral director Dale Dashiell
Address Princess Anne Md
19. 12/22 1939 (Date rec'd by registrar) T. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21st 1939, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 3rd 1939, to Dec. 21st 1939, and that I last saw her alive on Dec. 21st 1939.

Immediate cause of death Angina Pectoralis — DURATION 18 days.
Due to
Due to
Other conditions Hypertension — Embalmed
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Thos. B. Shaw Lynch M.D. or other
Address Princess Anne Date signed 12/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WS 115

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OUTSIDE CORPORATE LIMITS OF

CERTIFICATE OF DEATH

12321

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 76

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: State Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Willie Estella Laird

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife: J D Laird

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 6 1863

8. AGE: Years	Months	Days	If less than one day
76	2	0	hrs. min.

9. Birthplace: Crisfield, Somerset, Md

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Charles Bell

13. Birthplace: Near Crisfield, Md

MOTHER — 14. Maiden name: Hannah Cox

15. Birthplace: Near Crisfield Md

16. Informant: Iva Laird

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 8 1939 (month) (day) (year)

Cemetery or crematory: Sunny Ridge cemetery

Location: Hopewell (near Crisfield)

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Dec. 7, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6 1939, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 6 1937 to Dec 6 1939, and that I last saw her alive on Dec. 5 1939.

Immediate cause of death	DURATION
Carcinoma of Colon	6 mo
Due to	
Due to	
Other conditions: Pulmonary Tuberculosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Payton M.D

M. D. or other

Address: Crisfield Md Date signed: Jan. 2 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-C

12322

Reg. Diat. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural, near Pocomoke

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Pocomoke City Ward No.
(If ontside city or town limits, write RURAL NEAR and give town)

Street No.: Rural, near Pocomoke
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Jennie B. Lawson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 1, 1861

8. AGE:

Years	Months	Days	If less than one day
78	6	26	hrs. min.

9. Birthplace: Clarion, Pa.
(Town, county, and state)

10. Usual occupation: housework

11. Industry or business

FATHER

12. Name: Samuel Lawson

13. Birthplace: Leatherwood, Pa.

MOTHER

14. Maiden name: Mary E. Gardner

15. Birthplace: Colesburg, Pa.

16. Informant: Miss M. A. Lawrance

Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-29-39 (month) (day) (year)

Cemetery or crematory: Salem Metd. Cemetery

Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. Dec 28 1939 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 27 1939, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Dec 27 1939, and that I last saw h alive on Dec 27 1939.

	DURATION
Immediate cause of death: Myocarditis	Years
Due to: acute Coeb	1 day
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A A Parker MD M. D., or other

Address: Pocomoke City Date signed 12/28/39

RECEIVED
JAN 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12323

(1311)

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset

City or town Marion St. R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Rural Marion Sta. Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elijah G. Matthews

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Harriet E. Matthews

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 18th 1844

8. AGE: Years 92 | Months 11 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Samuel Matthews

13. Birthplace: Md.

MOTHER

14. Maiden name: not known

15. Birthplace: —

16. Informant: Mrs. Gordon Massey

Address: Marion Sta. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 5/39 (month) (day) (year)

Cemetery or crematory: St. Pauls

Location: near Marion

18. Funeral director: J. S. Lawson & Son

Address: Crisfield Md.

19. 12/5 1939 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4th 1939, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1939, to Dec 4th 1939, and that I last saw him alive on Dec 3 1939.

Immediate cause of death: Acute Dis of Heart Uremia.

Due to: Chronic Int. nephritis chronic myocarditis

Due to:

Other conditions: General arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: —

Of operations:

Of autopsy: —

DURATION: 6 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE George C. Cordhurst M.D. M. D. or other

Address Marion Sta. Md. Date signed Dec 5 39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12324

CB

1. PLACE OF DEATH

County Somerset (210-m) Registration Dist. No. 262

Village or City Costen Station No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in ~~city or town~~ where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Meier N.J. ~~If U. S. Veteran, specify WAR~~

(a) Residence: No. Weehawken ~~N.J.~~ Ward. Social Sec. number 153-10-6039

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Married~~ Julia

6. DATE OF BIRTH (month, day, and year) Mar. 24, 1894

7. AGE Years 45 Months 8 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sheet Metal Worker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Navy Ship Yard

10. Date deceased last worked at this occupation (month and year) Dec. 22

11. Total time (years) spent in this occupation

12. BIRTHPLACE (~~city or town~~) Switzerland (~~State~~ or country)

FATHER

13. NAME Frank Meier

14. BIRTHPLACE ~~(city or town)~~ Switzerland (~~State~~ or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT State Police (Address) Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fairview, N.J. Date Dec. 28, 1939

19. UNDERTAKER John A. Bradshaw (Address) Pocomoke City, Md.

20. FILED Dec 24, 1939 Mrs. Clayton Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 23 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ ....., 19..., to ....., 19...

~~I last saw h..... alive on ....., 19..., death is said~~

to have occurred on the date stated above, at 2.00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broken Neck	
Fractured Skull	
Death instantaneous	

Other Contributary Causes of Importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/23, 1939

Where did injury occur? Near Costen Station (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public highway

Manner of injury Automobile accident

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Henry M. Lankford, M.D. Deputy Medical Examiner for Somerset County

(Signed) ..... M.D.

(Address) .....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED JAN 2 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12325

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OUTSIDE CORPORATE LIMITS OF

(108)

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:
County Somerset
City or town Crisfield Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Crisfield Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida B. Milbourne.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Woodland Milbourne
Deceased.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Nov. 19th 1872

8. AGE: Years 67 | Months | Days 24 | If less than one day ____ hrs. ____ min.

9. Birthplace: Crisfield Rural
(Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business

FATHER
12. Name: L. Dow Byrd
13. Birthplace: Md.

MOTHER
14. Maiden name: Racheal Sterling
15. Birthplace: Md.

16. Informant: Myrtle Gorsuch
Address: Crisfield, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 15/39 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: Crisfield Rural

18. Funeral director: E. S. Lawson & Son
Address: Crisfield, Md.

19. Dec. 14, 1939 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13th 1939, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 16 1939, to Dec. 13 1939, and that I last saw her alive on Dec. 13 1939.

Immediate cause of death	DURATION
acute myocarditis	5 days
Due to Pneumonia, lobar	15 days
Due to	
Other conditions Renal stone	1 mo
nephritis	1 mo

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Sarah M. Payton M.D. M. D. or other
Address Crisfield, Md. Date signed Dec. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12326

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town East Princess Anne Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 72 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne Md R.F.D#1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Caroline Emily Pusey

3. (b) Social Security Number none.

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed.

6 (b) Name of husband or wife Asbury Pusey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12. 1842

8. AGE: Years 98 Months 4 Days 17 If less than one day hrs. min.

9. Birthplace Worcester Co. Near Snow Hill (Town, county, and state)

10. Usual occupation Housework.

11. Industry or business

FATHER

12. Name Levin Pusey

13. Birthplace unknown.

MOTHER

14. Maiden name Susan Pusey

15. Birthplace Somerset Co. Md.

16. Informant Harcard Pusey

Address Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31, 1939 (month) (day) (year)

Cemetery or crematory Powell Meadow Cem.

Location East Princess Anne Md.

18. Funeral director Dale Dashiell

Address Princess Anne Md

19. Dec. 30 1939 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T J Smith M. D. or other

Address Princess Anne Md Date signed 12/31-39

RECEIVED
JAN 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12327

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH

County Somerset Registration Dist. No. 265

Village or City Crisfield No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Sneade If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Dec. 20, 1939

7. AGE — Years ✓ Months ✓ Days ✓ If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Crisfield, Md.

FATHER

13. NAME Wilson Sneade

14. BIRTHPLACE (city or town) (State or country) Smithes Island, Md.

MOTHER

15. MAIDEN NAME Gladys Kelly

16. BIRTHPLACE (city or town) (State or country) Princess Anne, Md.

17. INFORMANT (Address) Mrs. Sneade Crisfield

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Cemetery Date Dec. 20, 1939

19. UNDERTAKER (Address) Wilson Sneade Crisfield Md

20. FILED Dec 20, 1939 C E Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1939, to Dec. 20, 1939 I last saw her alive on Dec. 20, 1939; death is said to have occurred on the date stated above, at 4.30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Stillborn

Date of onset

Other Contributory Causes of importance: Pregnancy 6½ mos. duration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Chas P. Schwalka M. D.

(Address) Crisfield, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 4 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (153)

CERTIFICATE OF DEATH

12328

Reg. Dist. No. 270

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
~~Street No.~~: Rural near Asbury.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Eliza J. Sterling.

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband ~~or wife~~: Leon W. Sterling
Deceased 6(c) If alive, give age: ____ years
7. Birth date of deceased (mo., day, yr.): No record.
8. AGE: Years: about 88. Months: ____ Days: ____ If less than one day: ____ hrs. ____ min.
9. Birthplace: Somerset Co. Md. (Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business:
FATHER 12. Name: William Ward.
13. Birthplace: Md.
MOTHER 14. Maiden name: Maria Nelson
15. Birthplace: Md.
16. Informant: Carroll W. Sterling
Address: Crisfield. Md.
17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof: Dec. 31st /39 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery.
Location: Lawsonia
18. Funeral director: L. L. Lawson & Son
Address: Crisfield, Md.
19. Dec. 30, 1939 (Date rec'd by registrar) J. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 29th 1939, at 2:15 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1st 1939, to Dec. 28th 1939, and that I last saw h-r alive on Dec 28th 1939.

	DURATION
Immediate cause of death: Pemphigus	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: L. L. Somers M. D. or other
Address: Crisfield Md. Date signed 12/29/39

RECEIVED
JAN 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12329

(82-a)

1. PLACE OF DEATH Registration Dist. No. 268

County Somerset

Village or City ~~Deal Island~~ Venona Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Francis J. Twilley If U. S. Veteran, specify WAR ____

(a) Residence: No. Venona Md St., Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W	Widower

5a. If married, widowed, or divorced
HUSBAND of ~~(or) WIFE of~~ Emma Hayman

6. DATE OF BIRTH (month, day, and yeer) Dec 21-1862

7. AGE Yeers	Months	Deys	If LESS than 1 day, ____ hrs. or ____ min.
76	11	10	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer.

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date dacaased last worked at this occupation (month and year) ____ 11. Total lime (years) spent in this occupation ____

12. BIRTHPLACE (city or lown) Quantico Md
(Stete or country)

FATHER

13. NAME Washington Twilley

14. BIRTHPLACE (city or town) Quantico Md
(Steta or country)

MOTHER

15. MAIDEN NAME Caroline Taylor

16. BIRTHPLACE (city or town) Quantico Md
(State or country)

17. INFORMANT Mrs Juline Webster
(Address) Venona Md

18. BURIAL, CREMATION, OR REMOVAL
Place Allen Md Date Dec 3, 19 39

19. UNDERTAKER L. S. Webster
(Address) Deals Island Md

20. FILED Dec 2, 19 39 Rosa Webster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 1st, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1939, to December 1, 1939

I last saw h[illegible] alive on December 1, 1939; daath is said to heve occurred on the date stated above, at Midnight.

The PRINCIPAL CAUSE OF DEATH and relatad causes of Importance were as follows:

	Date of onset
Cerebral Apoplexy	11-30-39
Other Contributory Causes of imporlance: Arteriosclerosis	

Name of operation ____ Date of ____

What tast confirmad diagnosis? ____ Was there an autopsy? ____

23. If daath was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? ____ Date of Injury ____, 19____

Whara did Injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury ____

Neture of Injury ____

24. Was diseasa or Injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Victor L. Stanton M. D.

(Address) Deal Island Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 8 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-a)

12330

OUTSIDE CORPORATE LIMITS 27

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield, (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Crisfield (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Daughertown, Section
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Josephine Walker

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: L. James Walker

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept. 7th 1869

8. AGE: Years: 70 Months: 3 Days: 15 If less than one day ____ hrs. ____ min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business

FATHER
12. Name: Joseph Headly
13. Birthplace: Va.

MOTHER
14. Maiden name: Sarah Duncan
15. Birthplace: Va.

16. Informant: L. James Walker
Address: Crisfield, R.F.D.

17. ____ (Burial, cremation, or removal. Which?) Date thereof: Dec. 25/39 (month) (day) (year)

Cemetery or crematory: St Peters Churchyard

Location: near Hopewell Sta. Md.

18. Funeral director: J. S. Lawson & Son
Address: Crisfield Md.

19. Dec 24 1939 (Date rec'd by registrar) C E Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23rd 1939, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 9 1939, to Dec. 23 1939, and that I last saw her alive on Dec. 23 1939.

Immediate cause of death: Chronic Syphilitic Tenkeries

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: S. M. Peyton M.D.
M. D. or other

Address: Crisfield Md. Date signed: Dec. 25

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12331

(120)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 263

Village or City Mount Vernon No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Waters If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years 72 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Private Home

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 56

95 96

12. BIRTHPLACE (city or town) Mt Vernon (State or country) Somerset County Md

FATHER

13. NAME Arnold Waters

14. BIRTHPLACE (city or town) Mt Vernon (State or country) Somerset County, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT Edwin Jones (Address) Princess Anna, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Vernon Date Dec. 17, 1939

19. UNDERTAKER Edwin Jones (Address) Pr. Anne, Rt. #2

20. FILED Dec. 17, 1939. Stephen O. Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 15th (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from March 30, 1939, to Dec 15th, 1939 I last saw her alive on Dec 12, 1939; death is said to have occurred on the date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Gastro Enteritis	1938

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eddie G. Marksman M. D.

(Address) Princess Anna, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M) (T) (I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JAN 10 1928 U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN